Registration of Materials (Potentially) Infectious for Humans

HPRD NUMBER

The NIH Institutional Biosafety Committee, in conjunction with the NIH Scientific Directors, maintains a registry of all laboratories and personnel working with human pathogens, and/or toxins, human blood, body fluids, and tissues. For purposes of this registration, a pathogen is defined as any organism known to or suspected of causing infection in humans, and a toxin is a proteinaceous poison which is highly toxic to humans.

The **Principal Investigator (PI)** is responsible for completing the appropriate parts of this registration document, including first name, last name, and last four digits of the Social Security Number (SSN) for each individual associated with the work involving potentially infectious materials. This is needed to maintain a listing of persons at risk of exposure and for use by the Occupational Medical Service (OMS) in maintaining personnel medical records.

This registration document is to be forwarded to the NIH Biosafety Officer prior to the initiation of work. Each individual listed should personally initial this document to indicate that they have been informed of the potential hazards associated with this work, the appropriate safety practices to be used, the availability of occupational medical programs, and applicable training requirements.

The PI is also responsible for notifying the Occupational Safety and Health Branch (OSHB) when work with any potentially infectious material is terminated or when other significant changes occur, such as changes in personnel or relocation of the laboratory.

The OSHB conducts an annual survey of registered laboratories to review practices and procedures associated with this work. The survey is not intended to negate the responsibilities of the PI in supervising work with potentially infectious or hazardous materials. For help call OSHB 496-2346.

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PART A To be completed for each laboratory room Please send original to Occupational Safety and Health Branch Laboratory Address Telephone Fax Please check your Institute, Center, or Division																
Laboratory		Fax	Fax			your l	nstitute, Ce	enter, or Division								
Building(s)) Room Numb	er					NIAID		NIAMS	☐ NICHD	☐ N	IDDK	☐ NIMH			
Mailing Address / Office Address Fax			Mail Stop Cod	Mail Stop Code				CC	☐ FDA		D	NHGF	રા			
Building Room Telep		Telephon	е			lп	NIDCR	П	NEI	☐ NHLBI	□ N	IA	☐ NIAA	A		
							NCI		NIGMS	☐ NINDS		IDCD				
	Provide the following information on all personnel working with registered materials, in this laboratory room (please print) Division: Branch: Section:													=		
Last Name				First Name		Last 4 digits of SSN			E-Mail				Employee's Initials *			
(PI)							013314							Illitials		
			<u> </u>													
	*Employee will personally initial when informed of potential hazards, safe work practices, availability of medical surveillance, and has attended the NIH course "Working Safely With HIV and other Bloodborne Pathogens". (Attach sheets as necessary.)															
				andling potential hum		gens a	nd/or tox	ins. P	lease provi	de information fo	or each mic	croorgar	nism			
Organism S			Strain	strain			\	Volume used		Recombinant DNA Registration Number						
Toxin			Volume used									—				
Human Blo	ood and Body F	Fluids														
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	gical Safety Cal		ss I	ss II	П					Fume Hood	Cont	tainmer	nt Centrifuge			
Other				—	_						_					
(FRONT)												_				

HPRD NUMBER Specify routes of administration List animals used What live organism, toxin, and/or recombinant material is injected in this laboratory SC IM IP IV IC Aerosol Other Buildina Room Animal Study Proposal Number Have laboratory personnel attended a course on (Use continuation sheet as necessary) "Using Animals in Intramural Research?" No Yes Type(s) of animal tissue handled "If no, call your ICD Veterinarian for information about animal care and use requirements. I accept responsibility for the safe use of all potentially infectious organisms at Biosafety Level and have informed all personnel of the risks of exposures while working with these organisms and/or toxins. Principal Investigator (signature) PART C To be completed by PI when laboratory procedures involve the handling of human blood, body fluids, and/or tissues. Type(s) of human samples manipulated: ☐ Blood ☐ Urine ☐ Spinal Fluid ☐ Tissues ☐ Serum Other(s) ☐ Dissection ☐ Sonication Pipetting Type(s) of manipulations: Centrifugation ☐ Blending/Mixing Other(s) I accept responsibility for the safe use of human blood, body fluids, and/or tissues using Biosafety Level 2 practices and procedures. All personnel have been informed of potential risks, proper laboratory practices, and have attended "Working Safely with HIV and Other Bloodborne Pathogens". Principal Investigator (signature) Date PART D To be completed by the NIH Institutional Biosafety Committee and the Occupational Safety and Health Branch. Reviewer's comments: Parts A and B of this document were reviewed by the NIH Institutional Biosafety Committee and/or their designee work can proceed in a BL _____ facility using BL ____ practices and procedures. Animals will be handled at ABL Chair, NIH Institutional Biosafety Committee this laboratory was certified at Biosafety Level . Date Occupational Safety & Health Specialist/Industrial Hygienist this animal facility was certified at Animal Biosafety Level _____. On On Occupational Safety & Health Specialist/Industrial Hygienist PART E To be completed by OSHB upon notification that work in this laboratory is terminated The date this document was inactivated: Occupational Safety & Health Specialist/Industrial Hygienist